

Dental Benefit Program Marketing Companion Guide

Marketing Definitions

Marketing, for purposes of this RFP, is defined in 42 CFR §438.104 (a) as any communication from the Health Plan to a Medicaid eligible who is not enrolled in the Health Plan.

Marketing differs from member education, which is defined as communication with an enrolled member of the Health Plan for the purpose of retaining the member as an enrollee, and improving the health status of enrolled members.

Marketing and member education include both verbal presentations and written materials.

Marketing materials generally include, but are not limited to, the concepts of advertising, public service announcements, printed publications, broadcasts and electronic messages designed to increase awareness and interest in the Health Plan. This includes any information that references the Health Plan, is intended for general distribution and is produced in a variety of print, broadcast or direct marketing mediums.

Member education materials generally include, but are not limited to, member handbooks, identification cards, provider directories, health education materials, form letters, mass mailings, emails and member letters and newsletters.

All marketing and member education guidelines are applicable to the Health Plan, its agents, subcontractors, volunteers and/or providers.

All marketing and member education activities shall be conducted in an orderly, non-disruptive manner and shall not interfere with the privacy of beneficiaries or the general community.

All marketing and member education materials and activities shall comply with the requirements in 42 CFR §438.10 and the DHH requirements set forth in this RFP and the Dental Benefit Program Companion Guide. In accordance with 42 CFR §438.10(b)(1), DHH shall provide the Health Plan on its website the prevalent non-English language spoken by enrollees by parish. The Health Plan, as required in 42 CFR §438.10(c)(3), shall be responsible for providing to enrollees and potential enrollees written information in the prevalent non-English language in the Health Plan's particular service area. In accordance with 42 CFR §438.10(c)(4)-(5) the Health Plan shall provide enrollees oral interpretation services available free of charge, to all non-English languages rather than to only those DHH identifies as prevalent. The Health Plan is responsible for providing all written materials in alternative formats and in a manner that considers the special needs of those who, for example, are visually limited or have limited reading proficiency.

The Health Plan is responsible for creation, production and distribution of its own marketing and member education materials to its enrollees.

Under the DBP, all direct marketing to eligibles or potential eligibles will be performed by DHH or its designee in accordance with 1932 (d)(2 A) and 42 CFR 438.104.

The Health Plan shall assure DHH that marketing and member education materials are accurate and do not mislead, confuse, or defraud the enrollee/potential enrollee or DHH as specified in Social Security Act § 1932 (d) and 42 CFR §438.104.

The Health Plan shall participate in the state's efforts to promote the delivery of services in a culturally competent manner to all enrollees and comply with the Office of Minority Health, Department of Health and Human Services' "Cultural and Linguistically Appropriate Services Guidelines" at the following URL:

<http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>

Marketing Activities

The Health Plan and its subcontractors must follow the marketing guidance defined in 42 CFR §438.104 (a) and as outlined in the Dental Benefit Program Companion Guide regarding prohibited and allowable marketing activities.

Prohibited Marketing Activities

- Marketing directly to Medicaid potential enrollees or DBP prospective enrollees, including persons currently enrolled in Medicaid (including direct mail advertising, "spam", door-to-door, telephonic, or other "cold call" marketing techniques);
- Asserting that the Health Plan is endorsed by CMS, the federal or state government or similar entity;
- Distributing plans and materials or making any statement (written or verbal) that DHH determines to be inaccurate, false, confusing, misleading or intended to defraud members or DHH. This includes statements which mislead or falsely describe covered services, membership or availability of providers and qualifications and skills of providers and assertions the recipient of the communication must enroll in a specific plan in order to obtain or not lose benefits;
- Portraying competitors or potential competitors in a negative manner;
- Attaching a Medicaid application and/or Bayou Health enrollment form to marketing materials;
- Inducing or accepting a member's Medicaid or Bayou Health enrollment or disenrollment;

- Using the seal of the state of Louisiana, DHH's name, logo or other identifying marks on any materials produced or issued, without the prior written consent of DHH;
- Sponsoring or attending any marketing or community health activities or events without notifying DHH within the timeframes specified in this RFP;
- Engaging in any marketing activities, including unsolicited personal contact with a potential enrollee, at an employer-sponsored event where employee participation is mandated by the employer;
- Marketing or distributing marketing materials, including member handbooks, and soliciting members in any other manner, inside, at the entrance or within 100 feet of check cashing establishments, public assistance offices, DCFS eligibility offices for the Supplemental Nutrition Assistance Program (SNAP), FITAP, Medicaid Eligibility Offices and/or certified Medicaid Application Centers. Medicaid Eligibility Office staff or approved DHH agents shall be the only authorized personnel to distribute such materials;
- Conducting marketing or distributing marketing materials in hospital emergency rooms, including the emergency room waiting areas, patient rooms or treatment areas;
- Copyrighting or releasing any report, graph, chart, picture, or other document produced in whole or in part relating to services provided under this Contract on behalf of the Health Plan without the prior written consent of DHH;
- Purchasing or otherwise acquiring or using mailing lists of Medicaid eligibles from third party vendors, including providers and state offices;
- Charging members for goods or services distributed at events;
- Charging members a fee for accessing the Health Plan website; and
- Referencing the commercial component of the Health Plan in any of its DBP enrollee marketing materials, if applicable.

Allowable Marketing Activities

- Distribute general information through mass media (i.e. newspapers, magazines and other periodicals, radio, television, the Internet, public transportation advertising, billboards and other media outlets) in keeping with prohibitions to placement as detailed in this RFP and the Dental Benefit Program Companion Guide;

- Make telephone calls and home visits only to members currently enrolled in the Health Plan's plan (member education and outreach) for the sole purpose of educating them about services offered by or available through the Health Plan;
- Respond to verbal or written requests for information made by potential members, in keeping with the response plan outlined in the marketing plan approved by DHH prior to response;
- Provide promotional giveaways having no substantial resale value (\$15.00 or less in value). Cash gifts of any amount, including contributions made on behalf of people attending a marketing event, gift certificates or gift cards are not permitted to be given to enrollees or the general public;
- Provide promotional giveaways that exceed the \$15.00 value to current members only;
- Attend or organize activities that benefit the entire community such as health fairs or other health education and promotion activities. Notification to DHH must be made of the activity and details must be provided about the planned marketing activities;
- Attend activities at a business at the invitation of the entity. Notification to DHH must be made of the activity and details must be provided about the planned marketing activities;
- Conduct telephone marketing only during incoming calls from potential members. The Health Plan may return telephone calls to potential members only when requested to do so by the caller. The Health Plan must utilize the response plan outline in the marketing plan, approved by DHH, during these calls; and
- Send plan-specific materials to potential members at the potential member's request.

In any instance where a Health Plan allowable activity conflicts with a prohibited activity, the prohibited activity guidance shall be followed.

Marketing and Member Education Materials Approval Process

The Health Plan must obtain prior written approval from DHH for all marketing and member education materials for potential or current enrollees as outline in the Dental Benefit Program Companion Guide. This includes, but is not limited to, print, television and radio advertisements; member handbooks, identification cards and provider directories; Health Plan website screen shots; promotional items; brochures; letters and mass mailings and e-mailings. Neither the Health Plan nor its subcontractors may distribute any Health Plan marketing or member education materials without DHH consent.

All proposed materials must be submitted to DHH in PDF format unless an alternative format is approved or requested by DHH.

Materials submitted as part of the original marketing and member education plan will be considered approved with the approval of the plan if the materials were in final draft form.

The Health Plan must obtain prior written approval for all materials developed by a recognized entity having no association with the Health Plan that the Health Plan wishes to distribute. DHH will only consider materials when submitted by the Health Plan (not subcontractors).

Review Process for Materials

DHH will review the submitted marketing and member education materials and either approve, deny or submit changes within thirty (30) calendar days from the date of submission;

Once member materials are approved in writing by DHH, the Health Plan shall submit an electronic version (PDF) of the final printed product, unless otherwise specified by DHH, within 10 calendar days from the print date. If DHH requests that original prints be submitted in hard copy, photo copies may not be submitted for the final product. Upon request, the Health Plan must provide additional original prints of the final product to DHH;

Prior to modifying any approved member material, the Health Plan shall submit for written approval by DHH, a detailed description of the proposed modification accompanied by a draft of the proposed modification;

DHH reserves the right to require the Health Plan to discontinue or modify any marketing or member education materials after approval;

Health Plan materials used for the purpose of marketing and member education, except for the original Health Plan marketing and member education plan, are deemed approved if a response from DHH is not returned within thirty (30) calendar days following receipt of materials by DHH; and

The Health Plan must review all marketing and member education materials on an annual basis and revise materials, if necessary, to reflect current practices. Any revisions must be approved by DHH prior to distribution.

Events and Activities Approval Process

The Health Plan must obtain prior written approval from DHH for all marketing and member education events and activities for potential or current enrollees as well as any community/health education activities that are focused on healthcare benefits (health fairs or other health education and promotion activities). Neither the Health Plan nor its subcontractors may participate in any such activities or events without DHH consent.

Activities and events submitted as part of the original marketing and member education plan will be considered approved with the approval of the plan if the activity or event details are complete.

Review Process for Events and Activities

DHH will review the submitted marketing and member education events and activities and either approve or deny within seven (7) business days from the date of submission.

DHH will review the submitted community/health education events and activities and either approve or deny within seven (7) business days from the date of submission.

DHH reserves the right to require the Health Plan to discontinue or modify any marketing or member education events after approval.

Marketing and member education events and activities, except for those included in the original Health Plan marketing and member education plan, are deemed approved if a response from DHH is not returned within seven (7) business days following notice of event to DHH.

Community/health education events and activities except for those included in the original Health Plan marketing and member education plan, are deemed approved if a response from DHH is not returned within seven (7) business days following notice of event to DHH.

Any revisions to approved events and activities must be resubmitted for approved by DHH prior to the event or activity.

Health Plan Provider Marketing Guidelines

When conducting any form of marketing in a provider's office, the Health Plan must acquire and keep on file the written consent of the provider.

The Health Plan may not require its providers to distribute Health Plan-prepared communications to their patients.

The Health Plan may not provide incentives or giveaways to providers to distribute them to Health Plan members.

The Health Plan may not conduct member education in common areas of provider offices.

The Health Plan shall instruct participating providers regarding the following communication requirements:

- Providers may display marketing materials for the Health Plan.

Health Plan Marketing Representative Guidelines

All Health Plan marketing representatives, including subcontractors assigned to marketing, must successfully complete a training program about the basic concepts of Louisiana Medicaid, the DBP, and the enrollees' rights and responsibilities relating to enrollment in the Health Plan and grievance and appeals rights.

The Health Plan shall ensure that all marketing representatives engage in professional and courteous behavior. The Health Plan shall not participate, encourage, or accept inappropriate behavior by its marketing representatives.

The Health Plan shall not offer compensation to a marketing representative, including salary increases or bonuses. Compensation may be based on periodic performance evaluations.

Sign-on bonuses for marketing representatives are prohibited.

The Health Plan shall keep written documentation of the basis it uses for awarding bonuses or increasing the salary of marketing representatives and employees involved in marketing and make such documentation available for inspection by DHH.

Written Materials Guidelines

The Health Plan must comply with the following requirements as it relates to all written member materials, regardless of the means of distribution (printed, web, advertising, direct mail, etc.):

- All member materials must be in a style and reading level that will accommodate the reading skills of Health Plan Enrollees. In general the writing should be at no higher than a 6.9 grade level, as determined by any one of the indices below, taking into consideration the need to incorporate and explain certain technical or unfamiliar terms to assure accuracy:
 - Flesch – Kincaid;
 - Fry Readability Index;
 - PROSE The Readability Analyst (software developed by Educational Activities, Inc.);
 - Gunning FOG Index;
 - McLaughlin SMOG Index; or
 - Other computer generated readability indices accepted by DHH
- All written materials must be clearly legible with a minimum font size of ten-point, preferably twelve-point, with the exception of Member ID cards, and unless otherwise approved by DHH.
- DHH reserves the right to require evidence that a handbook has been tested against the 6.9 grade reading-level standard.

- If a person making a testimonial has a financial interest in the company, such fact must be disclosed in the marketing materials.
- All written materials must be in accordance with the DHH “Person First” Policy, Appendix DD.
- The quality of materials used for printed materials shall be, at a minimum, equal to the materials used for printed materials for the Health Plan’s commercial plans if applicable.
- The Health Plan’s name, mailing address (and physical location, if different) and toll-free number must be prominently displayed on the cover of all multi-paged marketing materials.
- All multi-page written member materials must notify the member that real-time oral interpretation is available for any language at no expense to them, and how to access those services;
- All written materials related to primary care dentist enrollment shall advise potential enrollees to verify with the oral health services providers they prefer or have an existing relationship with, that such oral health services providers are participating providers of the Health Plan and are available to serve the enrollee.
- Alternative forms of communication must be provided upon request for persons with visual, hearing, speech, physical or developmental disabilities. These alternatives must be provided at no expense to the member.
- Marketing materials must be made available through the Health Plan’s entire service area. Materials may be customized for specific parishes and populations.
- All marketing activities should provide for equitable distribution of materials without bias toward or against any group.
- Marketing materials must accurately reflect general information, which is applicable to the average potential enrollee of the Health Plan.

Health Plan Website Guidelines

The Health Plan website must include general and up-to-date information about its Health Plan as it relates to the Louisiana Medicaid program. This may be developed on a page within its existing website to meet these requirements.

The Health Plan must notify DHH when the website, which has been prior approved by DHH, is in place and when approved updates are made.

The Health Plan must remain -compliant with HIPAA privacy and security requirements when providing member eligibility or member identification information on the website.

The Health Plan website should, at a minimum, be in compliance with Section 508 of the Americans with Disabilities Act, and meet all standards the Act sets for people with visual impairments and disabilities that make usability a concern. The Health Plan website must follow all written marketing guidelines included in this Section.

Use of proprietary items that would require a specific browser is not allowed.

The Health Plan must provide the following information on its website, and such information shall be easy to find, navigate, and understand by all members:

- The most recent version of the Member Handbook;
- Telephone contact information, including a toll-free customer service number prominently displayed and a Telecommunications Device for the Deaf (TDD) number;
- A searchable list of network providers with a designation of open versus closed panels, updated immediately upon changes to the network;
- The link to the Medicaid website (www.medicaid.dhh.louisiana.gov) and the toll free number (888-342-6207) for questions about Medicaid eligibility;
- The capability for members to submit questions and comments to the Health Plan and receive responses;
- A section for the Health Plan's providers that includes contact information, claims submittal information, prior authorization instructions, and a toll-free telephone number;
- General customer service information; and
- Information on how to file grievances and appeals.